

DEPARTMENT OF PUBLIC WELFARE

*COPY KICK BACK*  
November 15, 1965  
*Ym. Hansen*

TO: Dr. Richard E. Bartman  
Mrs. Frances Ames  
Dr. Arthur Gallese  
Dr. Arthur Funke  
Mrs. VI Hiltz  
Mrs. Miriam Karlins  
Mr. Ardo Wrobel  
Miss Marlia Butler  
Dr. Galen Adkins, Medical Director  
Cambridge State School and Hospital  
Dr. Keith Larson, Acting Medical Director  
Moose Lake State Hospital  
Mr. L. Merritt Brown  
Minnesota Association for Retarded Children  
Attention: Mr. Gerald Walsh  
Minnesota Association for Mental Health  
Attention: Miss Florence Lehmann  
Mental Retardation Planning Council  
Attention: Mr. John Broady  
Hon. Karl F. Rolvaag, Governor  
Attention: Mrs. Sally Luther

FROM: David J. Vail, M. D.  
Medical Director

SUBJECT: MINUTES OF CAMBRIDGE-MOOSE LAKE PROJECT COMMITTEE  
September 28, 1965  
Centennial Building  
St. Paul, Minnesota

Present: Dr. David Vail, Chairman  
Dr. Richard Bartman  
Dr. Arthur Funke  
Marlia Butler  
Neomi Quinell  
Dr. Keith Larson, Moose Lake State Hospital  
Julian Asp  
Merritt Brown  
Miriam Karlins  
William Smith  
Dr. Arthur Gallese  
Dr. Galen Adkins, Cambridge State School and Hospital  
Donald Mills, Moose Lake State Hospital  
Sheldon Schneider (representing Jerry Walsh of MARC)  
John Broady

Dr. Vail opened the meeting with a brief presentation related to background for the Cambridge-Moose Lake Project. He pointed out that forces had been moving for some time in the direction of greater cooperative planning between mentally ill and mentally retarded institutions. The mentally ill program had made a break-through, overcrowding was reduced, and community relations

developed. The mental retardation program was behind in staffing, overcrowded in the institutions, behind in the building program, and there was gross disparity between the conditions in the state hospitals and the state schools and hospitals. This became quite apparent on the Governor's bus trip in the contrast between Rochester State Hospital and the Faribault State School and Hospital. In addition the Minnesota Association for Retarded Children was pushing for more space, including consideration of space available in hospitals for the mentally ill.

Issues have been sharpened recently by the Senate Finance Committee on Buildings which had raised questions regarding future use of Hastings State Hospital. In May, at the Mental Health Planning Retreat, there was discussion related to use of hospital space available in hospitals for the mentally ill by mental retardates. A hospital could be redesignated for a different use or wards within hospitals could be designated for mental retardation plus other approaches of using an unclassified approach in which individuals with certain problems or behavior would be served in either hospital.

The Moose Lake State Hospital had been selected for transfer of patients from Cambridge on at least five bases--

1. This hospital was closest to a geographical structure of patient-programming and services.
2. Moose Lake had done well in the last legislative session, receiving 18 new positions.
3. An administrative change had recently taken place.
4. The northeast region was to be used as the site of a regional mental health service organization.
5. Moose Lake was willing and challenged by the problem presented.

On 9-18-65 Dr. Vail had presented the scope of the problem at the Superintendents' meeting in which there was good discussion on integration versus a designation approach. None of the hospitals for the mentally ill objected to the basic thesis.

The problem had been presented to Task Force and action heads regarding Hastings and related to the time to start the Cambridge-Moose Lake Project. On the Cambridge-Moose Lake Project a deadline of 3-1-66 had been set. Related to Hastings, a separate committee would be set up on this and the hospital would conduct its own study and consider a different set of problems.

The committee structure of the Cambridge-Moose Lake Project committee is as follows:

MINUTES OF CAMBRIDGE-MOOSE LAKE PROJECT COMMITTEE--September 28, 1965--P 3

Dr. David Vail--Coordinator and responsible as chairman

Dr. Richard Barzman--Director--responsibilities for selection of patients and for working directly with the staffs of Moose Lake and Cambridge

Frances Ames--Assistant Field Director to act as a general assistant who is to attend all meetings of committees and to be the liaison person between community agencies and voluntary agencies

Dr. Arthur Galles--responsibility on the research aspects with some emphasis on the kinds of stress that could happen at various levels

Dr. Arthur Funke--responsibility for control planning, internal deadlines, and to ride herd on the project

VI Hiltz--responsibility for retraining, orientation, particularly of the nursing departments related to behavior and expectations related to mental retardation

Miriam Karilne--responsibility for public information and relationships

Hospital Medical Directors--responsible for the hospital level of operations related to when, who, type of placements, speed of transfer, etc. They would be members of the Operations Subcommittee, together with the administrators of Cambridge and Moose Lake

It was agreed that Field Staff and county welfare departments should be included in the project planning from the very beginning and would be concerned with the role of interviewing to families, ramifications related to anxiety, question of permission of the families for transfer and the weight that should be given to the families' wishes.

The hospital professional departments, especially social service and rehabilitation, would be deeply involved.

MARC, MAMI, Mental Retardation Planning Council, and the Governor's Office would be utilized as consultant advisors.

This committee is to be a working party and would function as a task force.

Areas of concern of the committee are:

1. Operations--the actual steps of implementation
2. Training
3. Family-CWD
4. Public information

MINUTES OF CAMBRIDGE-MOOSE LAKE PROJECT COMMITTEE--September 28, 1965--P 4

Each subcommittee is to work independently, set up its own mechanism, provide clear minutes. Mrs. Ames would attend all subcommittee meetings.

Dr. Vail pointed out that this committee's work would have powerful ramifications and that it would have a real impact on the mental health program of Minnesota and undoubtedly internationally. The committee is to avoid the shibboleths of The Mentally Ill and The Mentally Retarded or looking upon individuals as two orders of human beings. They are to be considered as equally important.

Other possibilities may come out of committee work such as transfers from Brainerd to Moose Lake should there not be a big enough pool from Cambridge or possibility of Cambridge-Anoka, Cambridge-Hastings, or thirdly--another unit to test different approaches.

The decision had been made that the Department should do the study of the Hastings utilization rather than NIMH. This would be the Department's responsibility.

John Broady pointed out that the Task Force on Residential Care had recommended that consideration should be given to the use of the state hospitals for care of the retarded. There was no relief in sight for the overcrowding at Faribault and Cambridge. Factors that might be considered in the Cambridge-Moose Lake Study are attitudes of staff, are patients different, attitudes of parents and guardians. The task force had recommended that the Cambridge-Moose Lake committee carefully explore the plan of transfer from Cambridge to Moose Lake, considering questions such as integrating patients or segregating them in separate units. Although transfers have taken place in the past, this has not been done with a program design, on a planned basis, with orientation, with interpretation to community placing agencies, and with consideration of attitudes and prejudices.

Dr. Keith Larson of Moose Lake State Hospital stated that their hospital considered this a real challenge. They have an open hospital setting, are fully integrated, and had found that when many of their back-ward schizophrenics had been placed with better patients, their adjustment had improved. He recommended a slow, gradual basis of transfer since this would be easier on the employees. It was agreed that we would not think of groups beyond four to six at the most to begin with, but later on, progression may go faster.

Dr. Hartman pointed out that more able individuals may have a more beneficial effect on those less able. It may also be important to study when the reverse might be true.

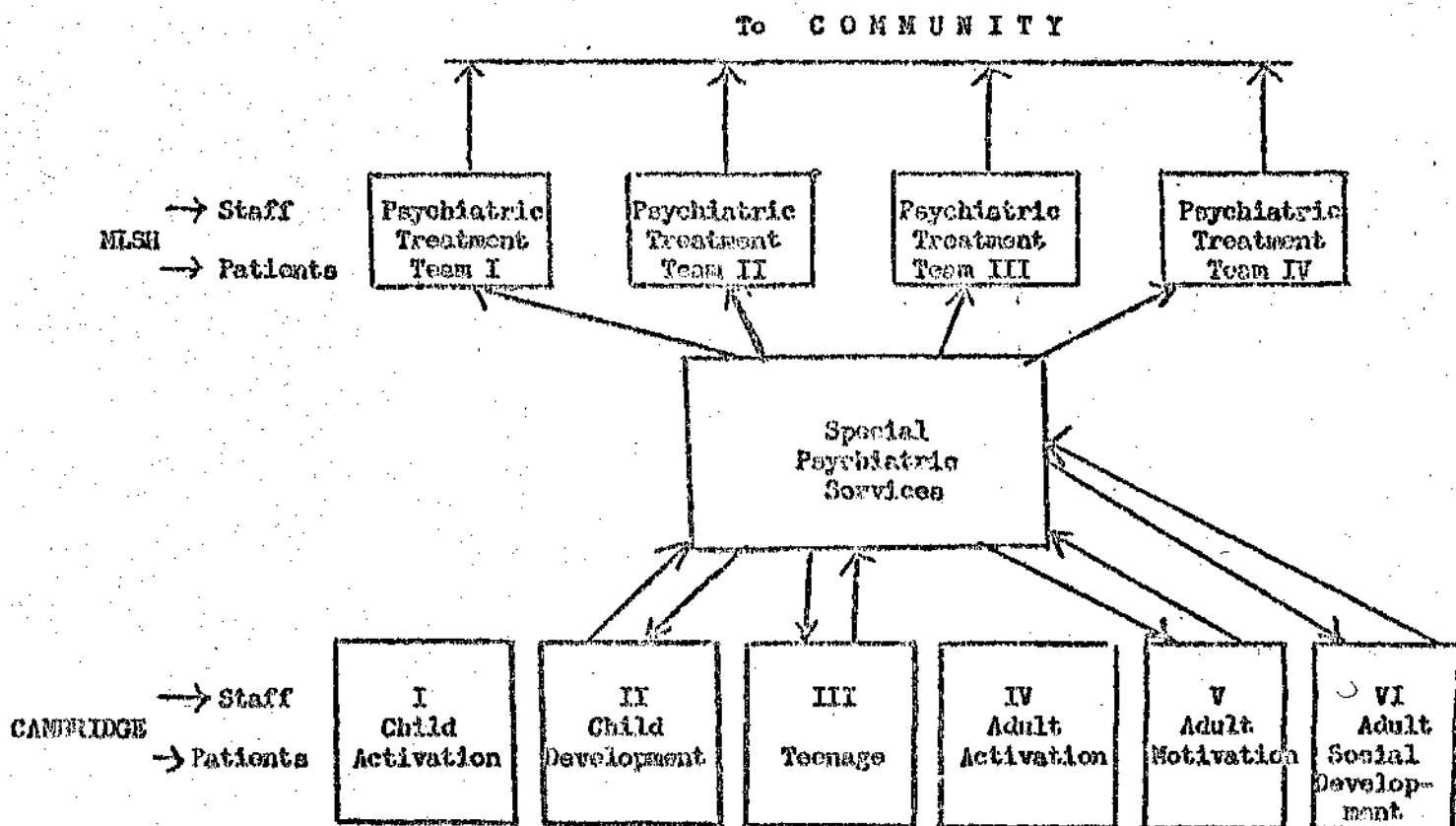
It was suggested that in view of the fact that Moose Lake State Hospital had four psychiatric treatment teams that it might be advisable for four to be transferred at a time, assigning one to each treatment team. At Moose Lake State Hospital, the team set-up is on an alphabetical basis.

There was concurrence that no sociopaths, no psychopaths, no severely disturbed or anti-social or none with sexual problems would be transferred.

The six programs for the mentally retarded in the state schools and hospitals were presented.

Don Mills spoke of the concept of the Moose Lake State Hospital's being developed as a regional mental health service organization. That hospital would foresee development as the in-patient facility for their region.

The following chart shows programs of each hospital and possible progression between hospitals:



From the six programs for the mentally retarded it would be necessary to get an evaluation of those programs and determine from which programs it would be feasible to transfer patients to Moose Lake State Hospital. Base line studies at Cambridge would be indicated. On points to study, Cambridge would study staff problems, patient needs, and determine groups to be considered for transfers. At Moose Lake consideration would be given to staff and patient needs.

One problem to be considered would be that an institution may think that these transfers would be a subtle way of downgrading the institution. They may look

upon the transfers as a loss of good working patients. There was also the possibility that stress might be placed on those patients not being transferred in that they may not think that they were good enough to be considered for transfer.

At Moose Lake State Hospital there may be stress on the staff and training must start here. There may also be stress on patients with the new transferees, although it was anticipated that the stress might be less at the Moose Lake State Hospital than at Cambridge.

From the transferees and their families there may be stress related to the nearness to family and relatives.

Question was raised as to whether new admissions would be considered at Moose Lake State Hospital, but Dr. Vail suggested that we go slowly on this and not consider any new admissions until the project was well under way.

Dr. Gallese pointed out that this was not purely an experimental project--that good reasons for such transfers and the ability to integrate were now available. The project had to be conceptualized as to why it was taking place, how it would take place, and some emphasis placed on concern related to fantasies or prejudices.

Dr. Larson and Mr. Mills from Moose Lake State Hospital stated that they had talked to most of their key people who looked upon this project as a challenge.

It was pointed out that the regional study being done by the mental health study and planning program of mental health services in the northeast regional area would be tied in with the Cambridge-Moose Lake Project.

Dr. Vail spelled out the following criteria for consideration of transfers:

1. Behavior--approachable, amenable to a psychiatric type of service
2. Controllable health problems--ambulatory
3. Ability to speak
4. Voluntary on part of patient and family

The project would try to handle those as permanent transfers with the plan being that the patient would proceed out to the community or be maintained at a more satisfactory level of adjustment at the Moose Lake State Hospital.

Retardation in programs 6 or 5 would be considered for transfer.

The following subcommittees were established, all of which were to meet within two weeks and must provide minutes:

Operations Committee, composed of Dr. David Vail as chairman, Dr. Richard Barton, Frances Amen, the medical director and the administrator of Cambridge State School and Hospital and of Moose Lake State Hospital, Dr. Arthur Punks, and Gary Alberg of Cambridge State School and Hospital.

+ HUBBARD

MINUTES OF CAMBRIDGE-MOOSE LAKE PROJECT COMMITTEE--September 28, 1965--P 7

Training Committee, composed of Vi Hiles, chairman, Ardo Wrobel, Maurice Elvekrog, Mrs. Josephine Westerdahl, director of Nursing Education at Moose Lake State Hospital + WALSH

Family-CWD Committee, with Marlin Butler as chairman, Merritt Brown, social service chief of Cambridge and of Moose Lake, Frances Amsa, a county welfare director, district reps of the Moose Lake State Hospital receiving area + J. DONNELLY

Information and Public relations Committee, with Miriam Karlins, chairman, representation from MARE, NAMI, Governor's Office, and our planning council, Ralph Rogers of the Association of Minnesota Counties, Norm Synetolian of Cambridge State School and Hospital, and Allen Anderson of Moose Lake State Hospital

It was essential that the MARE Mental Hospital Utilization Committee be in on the ground floor of all planning.

On the Family-CWD Committee, it was suggested that chairman of the Mental Health Committee of Welfare Directors' Association might be a member. Primary issues would be established at the first meeting. Dr. Vail would discuss the project with the Welfare Directors' Association on 9-30-65.

The main committee would meet every six weeks.

Dr. Arthur Funko would sit in on all committees as control chief.

Dr. Arthur Galleso would handle his responsibilities with an AD HOC Committee.

The Operations Committee would meet at Cambridge State School and Hospital on October 6 at 8:30 a.m. Central Standard Time.

The Main Moose Lake-Cambridge Committee would meet on November 16 at 1:30 p.m. Central Standard Time, at DFW, Room 548.

cc: DFW Cabinet  
Mental Health Medical Policy Committee  
Citizens Mental Health Review Committee  
Children's Mental Health Committee  
Medical Directors and Administrators, All Institutions  
Senator Popp

DFW:MCA:aia  
11/15/65

MINNESOTA ASSOCIATION FOR RETARDED CHILDREN, INC.

REPORT OF MOOSE LAKE-CAMBRIDGE PROJECT MEETING, Centennial Building,  
Tuesday, September 28, 1965, by Sheldon Schneider, Program Analyst.

The major purpose of this meeting was to organize a committee which would concern itself with the incorporation of mentally retarded patients from the Cambridge State School and Hospital into programs at Moose Lake State Hospital. This would necessitate these selected individuals moving into residence on wards of the Moose Lake State Hospital. Most of the meeting was spent going over the attached memo.

1. Moose Lake was selected for this project for the following reasons:
  - a. Geographic location
  - b. Received most liberal allocation from legislature
  - c. Were willing to cooperate
2. This program is basically that of selecting certain patients from the population of Cambridge and moving them to Moose Lake and placing them on the wards with other patients who are mentally ill and incorporating these mentally retarded individuals into the ongoing programs.
3. There are other alternatives than this:
  - a. Placing mentally retarded transferees on separate wards in institutions for the mentally ill.
  - b. Designating an entire institution presently being utilized for the mentally ill to be used for the mentally retarded.
4. Wall pointed out that this was an experimental situation to determine the future course of development of programs and services.
5. Wall felt that no hospital for the mentally ill really objected to the basic idea of their providing services for the mentally retarded.
6. Wall feels that dichotomizing the mentally ill and the mentally retarded as two different orders of human beings is not desirable. This program is intended to be an "unclassified" approach.
7. The medical director of Moose Lake felt that selection of transferees is of prime importance to the success of this program.
  - a. Mentioned that sociopaths, sex deviates, and behavioral problems needing special care should not be transferred. (Is this an indication of a negative stereotype?)
  - b. Stressed the fact that Moose Lake is an open institution and this is a factor to be considered when selecting persons to be transferred.
8. Selection criteria
  - a. Pre-selection in terms of Bartman's 6 categories
  - b. Exhibition of behavior which would be amenable to treatment at Moose Lake
    - 1) Neurotic
    - 2) Psychotic
  - c. Controlled health problems
  - d. Ability to speak (an attempt to avoid IQ concept)
  - e. Voluntary consent on part of patient and family



Problems involved in carrying out this program

- a. Transfer of more working patients from Cambridge
- b. Would employees at Cambridge regret the loss of "good patients"?
- c. Effect of this program of selecting certain patients on those who remain at Cambridge
- d. What happens to those transferees who fail to achieve community placement? Do they remain at Moose Lake or are they transferred back to Cambridge?
- e. Will these mentally retarded individuals be accepted by other patients on the wards at Moose Lake?

How the committees were formed:

- a. Operations
- b. Training
- c. Family - County Welfare
- d. Public Information



STATE OF MINNESOTA  
DEPARTMENT OF PUBLIC WELFARE  
CENTENNIAL OFFICE BUILDING  
ST. PAUL, MINNESOTA 55101

October 7, 1965

Mr. Melvin D. Heckt, Chairman  
Mental Retardation-Mental Illness Committee  
Minnesota Assn. for Retarded Children, Inc.  
2742 Hennepin Avenue  
Minneapolis, Minnesota 55408

Dear Mel:

Thanks for your letter of September 28, 1965. I certainly appreciate your sending along your ideas concerning mental hospital utilization for the retarded. We will, of course, take this under advisement, as the saying goes, but the Cambridge-Moose Lake Project is now in the works, and all the appearances so far is that it will be quite successful.

There were various reasons and quite good ones, I think, for selecting Moose Lake as our first site for such a venture. One very important principle, I think, is that demonstration projects really should be carried out not under ideal conditions but under average conditions. One of the great faults of demonstration projects is that they usually involve greater investments than the normal pattern of services in a given situation, so that one ends up demonstrating only that an elite staff operating under ideal conditions can produce results that the ordinary people can't. I think this is one important reason why so few demonstration projects are ever really taken over as permanent matters once the demonstration phase is over with. The Minnesota Daytime Activities Centers program would be a notable exception, but we do have many examples of this. Thus, to be more particular in this case, starting such a project at Rochester could demonstrate simply that a hospital which is in first-class physical condition, located a mile from the world's greatest medical center, and with a relatively great number of psychiatrists and other medical staff available, can produce a suitable program. I think what we really have to show is that a system as a whole could carry out such a program and thus I think it makes more sense to start with a hospital which is more nearly average in its characteristics. Besides there are other very important matters to consider in the sense of hospital acceptance. In this respect, Moose Lake is, in a way, quite ideal, since their attitude about this is quite positive and they are looking forward to the experience.

I will send this material on to Dick Bartman who, of course, is closely involved in this as field director of the Cambridge-Moose Lake Project, and of course Gerry Walsh is also on our Committee.

Thanks for your interest. We will be keeping in touch with you about this and other developments that are very promising and, indeed, exciting. Best wishes.

Yours sincerely,

*Dave*  
David J. Vail, M.D.  
Medical Director

MINUTES of SUBCOMMITTEE on TRAINING

CAMBRIDGE - MOOSE LAKE PROJECT COMMITTEE

October 29, 1965

CAMBRIDGE STATE SCHOOL AND HOSPITAL

Present:

Frances Coakley Ames	DPW	Maurice Elvekrog, Cambridge State School and Hospital
Ardo Wrobel	DPW	Al Beck, Cambridge State School and Hospital
Nacmi Quinnell	DPW	Sandra Erickson, R.N., Instructor, Cambridge State School and Hospital
Alvira Hiltz	DPW	Mrs. Anderson, R.N., Instructor, Moose Lake State Hospital

Absent:

Donald Mills, Administrator, Moose Lake State Hospital  
Josephine Westerdahl, Director of Nursing Education, Moose Lake State Hospital  
Dr. Arthur S. Funke, DFW

Frances Coakley Ames gave the background on the factors which have lead to the Cambridge-Moose Lake Project. She emphasized that this is to be a demonstration and research project which is "based on the assumption that mental hospitals in the future will be called upon to provide bed space and programs for those who in the past have been served by state schools and hospitals."<sup>1</sup>

It is anticipated, that the patients transferred will be a small number chosen from Group VI, and possibly Group V.

The selection for transfer will be considered on the following factors:

1. Amenable to treatment
2. Ability to speak
3. Evidence of emotional disturbance
4. Tolerance to an open-hospital
5. Within the Moose Lake State Hospital Receiving District
6. Volition of patient and family
7. Reasonably good physical condition
8. Physically Grown -- 16 years
9. Emphasis upon program needs.

Mr. Maurice Elvekrog will act as Co-Chairman of the Committee.

<sup>1</sup> Memo by Dr. David J. Vail of Sept. 27, 1965 entitled Cambridge-Moose Lake Project Committee

The objectives of the Committee in Training in the Cambridge-Moose Lake Project are to define the responsibility for 1) orientation of the staff both institutions, the patient being transferred, his family and his community, the professional and lay public; 2) the amount and character of training to take place.

In relation to these objectives, several areas of concern were discussed by the Committee:

1. Adjustment of the transferred patient to the presently operating patient program groups at Moose Lake
2. Needs of transferred patient in areas of recreation, education, socialization and nursing care
3. Need of Patient's friends and familiar faces; expectations of the patient and his family relative to the transfer to Moose Lake and an interpretation of what hospital is like
4. Behavior of patient and the staff expectations of the patient at both institutions
5. Need for anticipating program problems
6. Definition of how local Public Health Bureau can be helpful to families involved.

The development of a plan of approach in terms of these areas of concern was discussed by the committee. It was felt that creating such conference with an interdisciplinary forum would be the best vehicle for adequately meeting all the needs of the patient. By joint involvement of nursing, rehabilitation, education, psychology, volunteer service and medical personnel to all programs related to the patient, there should be an exchange of what the patient has been doing, how well he has been doing, and plans for future planning can be done for and with him.

The receiving hospital would need to make an evaluation of the patient's abilities and possibly ~~what~~ what can be expected in future. It might ease the transfer for the patient if he had a previous relationship with a volunteer. We need to look at the differences in the operations of the institutions and the present handling of the content.

Patients' transfer could be eased by encouragement of an exchange of letters and newspapers between families here. An exchange of letters for orientation between the two institutions might be arranged and better understanding of each others' problems be developed.

A problem that can be anticipated is to refer to the difference in the authority to pay the patient for nursing. It was felt that while this problem would be handled by the Institution Committee it would need consideration from our committee in terms of one institution covering the other. There is a need to look at differences in programs. There is a need also for maintenance of funds so that patients have adequate money for expenses. The family or county welfare department might need to take more responsibility for providing pocket money for the patient.

An area which again falls within the responsibility of the Operations Committee, is in the realm of the clothing and personal appearance of the patient. What are the patient's individual clothing needs, what are the institutions' policies regarding state-issue clothing versus personal clothing? Help for patients in the area of grooming and personal hygiene could be given by assignment of the patient to a nursing student and member of nursing staff.

In establishing a system of communications between institutions, special efforts should be made to maintain direct departmental exchange of information (i.e., nursing to nursing). A training problem would be in developing a mechanism of identification of problems and ways to get communication on problems.

In consideration of attitudes of staff, our teaching aim should be at eliminating the label of Mentally Retarded at Home like. We should attempt to minimize retardation and emphasize common modality. In our teaching program we need to maximize the individual, his needs and attributes.

It was felt that formalized training is not necessarily the emphasis in the assignment of our committee. But we are involved in the problem of continuing education related to the broad goals of well-rounded educational programs. As we are considering our specific committee responsibility in effecting the transfer we need to study the availability of resources and become familiar with the facilities the institutions have.

At this point it was thought best to ultimately define differences in "Operations" and "Training" as they are so closely related. A recommendation was made that an exchange of minutes of the two committees' meetings be arranged.

The committee discussed the assignment of responsibilities at this time as gathering information and evaluation differences between institutions. The Heads of Rehab Therapies and Nursing Departments would pool this information.

A coordinator of the immediate action of this committee would be needed and after considerable discussion, the Director of Nursing Education at Cambridge agreed to take this assignment. The duties of the coordinator were seen as:

1. To sit in on conferences between Department Heads, to audit and make suggestions regarding program responsibility
2. To coordinate the ideas and suggestions of Department Heads between the two institutions

Minutes of meetings of the Committee on the House Lake State Hospital and Cambridge State School and Hospital Project should be considered as a guide to future involvement in this Committee.

The Committee summarized its discussion today on three aspects of responsibility:

1. Preparation of residents
2. Development of a case-conference approach with focus upon the individual
3. Need for a system of communication to focus on continuing relationships.

Submitted by

(Mrs) Alvira Hiltz  
Chief, Nursing Programs  
Chairman



STATE OF MINNESOTA  
DEPARTMENT OF PUBLIC WELFARE  
CENTENNIAL OFFICE BUILDING  
ST. PAUL, MINNESOTA 55101

November 5, 1965

Mr. Gerald F. Walsh  
Executive Director  
Minnesota Association for Retarded Children, Inc.  
6315 Penn Avenue South  
Minneapolis, Minnesota 55423

Dear Gerry:

It was nice to talk to you today. I hope you will forgive me for answering your two letters with this one.

First, as regards the Cambridge-Moose Lake Project subcommittees, I think it would be quite reasonable to appoint the additional membership from the MARC as we agreed, namely, Betty Hubbard for Operations, Jane Donnelly for Family-County Welfare Department Relations, and yourself for Training. I will send a note on this next week when I have had a chance to discuss it with the staff. As Chairman of the Committee I can make appointments directly and will do so in this case, but I want to make sure that the subcommittee chairmen are in agreement.

As to the meeting on November 15, 1965, I will be very glad to come. Though I have a dental appointment earlier that morning, I think I should be able to get there by 10:00 A.M. or possibly a few minutes afterwards, if you can stall the group a little bit. I will discuss with Dick Bartman how the two of us might present the material. I think that probably the simplest thing would be for me to present the broad outlines of the program in the context of past developments, the present situation, and the future outlook, and some of the philosophy, and some of the very various patterns that might be tried. Then I think Dick might come in as needed to discuss more deeply the fine points of selection of patients and what kinds of expectations we have in a psychiatric sense.

I mentioned to you about the suggested study of the Rochester State Hospital that is now coming out of the Hastings Committee. I want to clear this through the Policy Committee, as there are some important reasons for getting the Policy Committee backing specifically on this, together with their suggestions on membership. As I told you, I think Mel Heckt would be a natural for this group.

Finally, I remind you about the proposed meeting on December 8, 1965, when I will give a general overview of my trip abroad, emphasizing the systems

Mr. Gerald F. Walsh - #2

November 5, 1965

idea, but not any particular program within the general system of programs. The information on the mental retardation programs, I think, could make a separate discussion in itself, and I would be very glad to meet with the MARC or any committee thereof to go over this on some separate occasion.

I guess that covers it for now. It was nice to talk to you again.

Best wishes.

Yours sincerely,

*Dave*  
David J. Vail, M. D.  
Medical Director

DJV:rcj



REPORT OF MEETING OF THE BUILDING COMMISSION AT THE CAMBRIDGE STATE  
SCHOOL AND HOSPITAL - NOVEMBER 19, 1965.

Meeting was attended by Jerry Walsh and Jane Donnelly.

Dr. Galen Adkins, medical director of Cambridge S.S. & H., opened the meeting by saying that the institution was changing from one which provided group custody to one which provided a treatment program. It is their desire to adapt certain buildings for a different type of resident. They are anxious to get away from the herd living aspects by providing for smaller group-living units. Their major request for the next biennium is for \$1,060,000 to totally rehabilitate and remodel cottages 4, 5, 6 and 7 (\$265,000 per cottage). They are also asking for \$425,000 to construct a new warehouse. Their plan would be to remodel the 1st and 2nd floors of the above mentioned buildings, providing for lavatories, shower rooms, day rooms, and dormitories on each floor. Each building would be remodeled to house about 15 patients per nursing unit (4 units per building). There are now about 85 patients housed in these buildings (for instance, building 7 has 85 patients).

The Building Commission members asked if the institution had been able to fill the positions authorized by the 1965 Legislature. Dr. Adkins reported that between July and November, they had hired a total of 58 new nursing employees; however, they had had a number of resignations so that they ended up filling all of the positions authorized for the first six months of the biennium by the Legislature.

Representative Kirchner of Richfield asked if changing the buildings as proposed would require more personnel. It was pointed out that although they received a total of 80 new positions from the 1965 Legislature, this was less than half of the nursing positions asked for.

I was asked to comment on our views toward the Cambridge-Moose Lake Project, and made the following remarks: 1) We do realize as an Association that there are economic limits. We do not feel that the state has unlimited funds (this has been sort of a bugaboo with the Building Commission as far as utilizing existing facilities which might become vacant is concerned); 2) We are anxious that improvement of services for the mentally retarded be the prime consideration of any change; 3) We need to be aware that mental retardation and mental illness are different problems, although some mentally retarded need psychiatric services; 4) I pointed out that we have representation on the Cambridge-Moose Lake Project Committee; 5) Our attitude could have been one of complete rejection; however, we have been very carefully evaluating possible utilization of existing vacant spaces in institutions for the mentally ill; 6) Our Association has a special committee that is studying this entire matter; 7) We have several ideas for utilization of parts of state institutions for the mentally ill as well as possible use of other state facilities. There is a need, especially in the metropolitan area, to develop a network of smaller residential facilities; 8) The institutions for the mentally retarded will continue to exist for a long time and still need major improvements and developments; 9) The number of retarded is increasing because of the population increase, the fact that the retarded now live longer, and medical advances; 10) We should not expect the same pattern of decreased needs for residential services for the retarded that was true for the mentally ill.

Gerald F. Walsh, Executive Director  
Minnesota Assn. for Retarded Children

Distribution: M.R.-M.I. Committee  
Residential Facilities Study Committee

DEPARTMENT OF PUBLIC WELFARE

TO: Mrs. Frances Ames  
Dr. Arthur Gallese  
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Attention: Mrs. Sally Luther

FROM: David J. Vail, M. D.  
Medical Director

SUBJECT: MINUTES OF CAMBRIDGE-MOOSE LAKE PROJECT COMMITTEE  
April 19, 1966  
Centennial Office Building  
St. Paul, Minnesota

Present: Dr. David Vail, Chairman  
Mrs. Frances Coakley Ames  
Dr. Arthur Funke  
Naomi Quinnell  
Ardo Wrobel  
Moose Lake State Hospital Staff:  
Dr. Keith Larson  
Don Mills  
Cambridge State School and Hospital Staff:  
Dr. Galen Adkins  
Dr. Arthur Gallese  
Vi Hiltz  
Miriam Karlins  
John Broady--Mental Retardation Planning Council

Dr. Vail opened the meeting with a resume of his impressions of progress on the Cambridge-Moose Lake Project. He felt that this project had been educational for all involved and was proceeding towards bringing the mentally retarded more into the main stream of society. On some of the transfers the screening committee had deliberately tried some borderline cases to see whether they would be able to adjust in this program. Tentative results seem to indicate that the selection element was one of the most important. He reported the following results related to selection:

1. Physical appearance or demeanor seemed to be more important than originally considered.
2. Intelligence was important but more especially verbal ability must be considered. When patients were near the level of an I. Q. of 30, there was real question whether they could adjust in the mentally ill setting.
3. Dependent, immature behavior was also a most significant issue. This type of behavior is extremely tough on other patients. This behavior could be shown by grotesque behavior, clinging, pestering, etc. It may be a pattern of institutionalization or could be a more basic condition of the patient.

One of the considerations of this project could be to determine under what limits could patients be selected for the program in the hospitals for the mentally ill. Could we sort out behavioral items to be considered?

Dr. Vail doubted whether Group 5 could successfully integrate into a regular psychiatric program. Group 6 appeared to be a very promising group. Serious thought would be given towards consideration of programming for Group 6 into mental hospitals. Perhaps Group 5 could be programmed into mental hospitals on a segregated basis--perhaps even on a separate unit legally established at the site of a state mental hospital.

Sixty patients at Cambridge had been screened for the 16 transfers which have been made to Moose Lake State Hospital.

Dr. Keith Larson of Moose Lake stated that a review of the 16 patients received from Cambridge State School and Hospital showed that all except one had made considerable progress. The one who had not shown progress was a non-retarded epileptic who had shown no seizures since transfer but whose problem is one of fondling and clinging.

Discussion followed related to the fact that the retarded required more time to produce results and that the lower I. Q. the more time required. Dr. Larson stated that they had found that a total push was necessary for these patients and that it did require special staffing and special attention to help them. Up to this time Moose Lake had no complaints from the staff other than the amount of time it took to work with these patients.

Dr. Adkins pointed out that Cambridge had found that as they individualized patients, the staff became frustrated in not having the staff or time to produce the results which they knew could be obtained with sufficient time and staff. As one individualized, expectancy on the part of the staff and for the patients became greater.

Ardo Wrobel made a significant point that we should start to concentrate on Group 2 so they would not become Group 5 within our state schools and hospitals. He also pointed out that if Group 6 were removed from the state schools and hospitals that this might raise the expectation level of the other residents of the state schools and hospitals. The residential facilities for the mentally retarded are moving in the direction of developing sophisticated vocational rehabilitation program.

In relationship to discussion related to a segregated unit for the mentally retarded or an integrated unit, Dr. Gallese commented that he hoped segregation would not be on the basis of mental retardation but rather on the basis of behavior. He hoped that with either unit there would be the expectation for movement from that unit into one where greater independence or responsibility of the residents would be the focus.

Dr. Vail reported for the Operations Committee that everything had moved along smoothly and that he was unaware of any problems related to the operation of this project at this time. Ardo Wrobel reported that funds were transferred with the patients leaving Cambridge in the form of a "mustered out pay." Dr. Larson reported that they were checking carefully on the use of funds and trying to help the transferees learn to use their money wisely. Only one patient had spent all of his money at once.

Dr. Larson presented the recommendation from Moose Lake State Hospital Staff for sterilization of one patient with the purpose of returning that patient to her family. Considerable discussion related to sterilization followed with the recommendation that Moose Lake State Hospital submit their recommendation in the usual form. If approved, the operation would be handled at the Anoka State Hospital.

Miriam Karlins reported for the Public Information Committee which was well over the hurdles on information. For the future the committee would be working on material for the Governor's Conference on Mental Retardation, legislative preparation would be considered at a later time. John Broady reported that on his trips throughout the state he had found no anxiety over this project.

Commendation was given to the Family-CWD Committee since the county welfare departments seem to have been well prepared. Commendation was given to the social service staffs of Cambridge State School and Hospital and Moose Lake State Hospital.

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Dr. Gallese reported for the Research Committee. For each of the 16 transfers the following material had been prepared:

1. Pre-transfer psychological together with some personality studies.
2. Behavior rating scales were used, including a ward behavior scale.
3. At Moose Lake, rating scales are repeated on admissions. Three months later there shall be a repeat of the psychological testing and ratings, and every six months thereafter a repeat of psychologicals and ratings. Joe Lucero had been having conferences and discussions at Moose Lake with various staff members and was making progress notes. All indications at the present time were that the transferees were satisfactorily settling in to the different program at Moose Lake State Hospital. A formal report could not be given until all the transferees had been there for a six-months' period of time. Perhaps by September, 20 to 25 persons will have been transferred and a report could be prepared at that time.

Dr. Vail reported that Cambridge was getting toward the end of the group to be considered unless there were more from Group 5 to be considered.

Dr. Adkins reported that there would be 12 for consideration at the next screening committee meeting on April 27, 1966.

At the next meeting consideration would be given to the expansion of this type of project to the other hospitals. Ardo Wrobel requested a report on this project for the September meeting of the Rehab Staff. The point was made that Brainerd State School and Hospital had marked shortage of doctors and that perhaps some consideration should be given towards those at Brainerd who are in need of psychiatric treatment.

Next meeting was scheduled for 1:30 p.m. on August 3rd at the Centennial Building, St. Paul, Minnesota.

Minutes prepared by

Frances Coakley Ames

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5/6/66

cc: DFW Cabinet  
Mental Health Medical Policy Committee  
Citizen's Mental Health Review Committee  
Medical Directors and Administrators, All Institutions  
Senator Popp